

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

**NAME:** JUNEAU, CITY AND BOROUGH OF  
**ADDRESS:** Mendenhall Treatment Plant  
155 South Seward,  
Juneau, Alaska 99801  
**FACILITY:** Mendenhall Valley Service Area  
**LOCATION:** Juneau, Alaska 99801  
**ATT:** Denny Kay / Mendenhall WWTF Supervisor

**AK-002295-1**  
PERMIT NUMBER

**MAJOR**  
(SUB 01)  
F - FINAL  
EFFLUENT  
\*\*\* NO DISCHARGE  
**NOTE: Read instructions before completing this form.**

**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2009	6	1	2009
YEAR	MO	DAY	DAY
2009	6	30	30

PARAMETER	SAMPLE	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Turbidity	MEASUREMENT	*****	*****	****	*****	9.8	11.5	(43)	0		
00070 1 0	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Continuous	RCORDR
Effluent Gross	SAMPLE	*****	*****	****	3.8	3.8	*****	(19)	0		
Oxygen, dissolved (DO)	MEASUREMENT	*****	*****	****	3.8	3.8	*****	(19)	0		
00300 1 0	PERMIT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Once Per Month	GRAB
Effluent Gross	SAMPLE	*****	*****	****	*****	19	25	(19)	0		
BOD, 5-Day, 20 deg. C	MEASUREMENT	*****	*****	****	*****	30	60	mg/L		Twice Per Month	COMP24
00310 1 0	PERMIT	1226	2452	lb/d	*****	MO AVG	DAILY MX	mg/L			
Effluent Gross	SAMPLE	421	*****	(26)	*****	24	*****	(19)	0		
BOD, 5-Day, 20 deg. C	MEASUREMENT	*****	*****	****	*****	45	*****	mg/L		Twice Per Month	COMP24
00310 W 0	PERMIT	1829	*****	lb/d	*****	WKLY AVG	*****	mg/L			
See Comments	REQUIREMENT	*****	*****	****	6.8	*****	7.1	(12)	0		
pH	SAMPLE	*****	*****	****	6.4	*****	9.0	12			
00400 1 0	PERMIT	*****	*****	****	6.4	*****	*****	SU		Weekdays	GRAB
Effluent Gross	REQUIREMENT	*****	*****	****	*****	156	156	(19)	0		
Alkalinity, total (asCaCo3)	SAMPLE	*****	*****	****	*****	156	*****	mg/L			
00410 1 7	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Effluent Gross	REQUIREMENT	*****	*****	****	*****	19	25	(19)	0		
Solids, total suspended	SAMPLE	316	432	(26)	*****	19	*****	mg/L			
00530 1 0	MEASUREMENT	*****	*****	****	*****	19	*****	mg/L			
Effluent Gross	PERMIT	1226	2452	lb/d	*****	30	60	19		Twice Per Month	COMP24
00530 1 0	REQUIREMENT	*****	*****	****	*****	30	60	19			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: *Denny Kay*  
 TYPED OR PRINTED: *Denny Kay*  
 COMMENT AND EXPLANATION OF ANY VIOLATIONS: O = <15.1, P = >15.1 and <30.1, R = >30.1 (O, P and R used Nov 1-May 31 & T Jun 1-Oct 31, Q and S are never used \*no chlorine\*)  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Denny Kay*  
 AREA CODE: 907  
 TELEPHONE: 586-0393  
 PHONE NUMBER: 586-0393  
 DATE: 7/7/09  
 YEAR: 2009  
 MO: 7  
 DAY: 7

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility name/Location if different)

**NAME:** JUNEAU, CITY AND BOROUGH OF  
**ADDRESS:** MENDENHALL TREATMENT PLANT  
155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
**FACILITY:** MENDENHALL VALLEY SERVICE AREA  
**LOCATION:** JUNEAU, ALASKA 99801  
**ATTN:** Denny Kay / Mendenhall WWTF Supervisor

MAJOR (SUB 01)  
F - FINAL  
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YEAR	MO	DAY	YEAR
2009	6	30	2009

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			UNITS	VALUE	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	REQ. MON. MO AVG	REQ. MON. DAILY MX			VALUE	REQ. MON. MO AVG	REQ. MON. DAILY MX				
Solids, total suspended	PERMIT	376			(26)	*****							
	MEASUREMENT												
00530 W 0	PERMIT	1829			lb/d	*****	45	*****	19	0	Twice Per Month	COMP24	
	MEASUREMENT												
Nitrogen, ammonia total (as N)	PERMIT	266			(26)	*****	16	*****	(19)	0	Twice Per Month	COMP24	
	MEASUREMENT												
00610 1 0	PERMIT	1164			lb/d	*****	28.5	*****	19	0	Once Per Month	COMP24	
	MEASUREMENT												
Effluent Gross	PERMIT	*****			*****	*****	91	*****	(19)	0	Once Per Month	GRAB	
	MEASUREMENT												
00900 1 6	PERMIT	*****			*****	*****	NO TEST	*****	19	0	Once Per Month	GRAB	
	MEASUREMENT												
Silver, total recoverable	PERMIT	*****			(26)	*****	NO TEST	*****	(28)	0	Three Per Year	COMP24	
	MEASUREMENT												
01079 1 0	PERMIT	*****			*****	*****	NO TEST	*****	28	0	Three Per Year	COMP24	
	MEASUREMENT												
Effluent Gross	PERMIT	*****			*****	*****	NO TEST	*****	28	0	Three Per Year	COMP24	
	MEASUREMENT												
Zinc, total recoverable	PERMIT	*****			(26)	*****	NO TEST	*****	(28)	0	Three Per Year	COMP24	
	MEASUREMENT												
01094 1 0	PERMIT	*****			*****	*****	NO TEST	*****	28	0	Three Per Year	COMP24	
	MEASUREMENT												
Lead, total recoverable	PERMIT	*****			(26)	*****	NO TEST	*****	(28)	0	Three Per Year	COMP24	
	MEASUREMENT												
01114 1 0	PERMIT	*****			*****	*****	NO TEST	*****	28	0	Three Per Year	COMP24	
	MEASUREMENT												
Effluent Gross	PERMIT	*****			*****	*****	NO TEST	*****	28	0	Three Per Year	COMP24	
	MEASUREMENT												
Copper, total recoverable	PERMIT	0.314			lb/d	*****	18.9	*****	(28)	0	Three Per Year	COMP24	
	MEASUREMENT												
01119 1 0	PERMIT	0.314			(26)	*****	18.9	*****	28	0	Once Per Month	COMP24	
	MEASUREMENT												

I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, for those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Principal Executive Officer: *Denny Kay*  
Signature of Authorized Agent: *Joe Myers*

Area Code: 907, Telephone Number: 586-0393, Date: 7/9

Comment: CONCERNING VIOLATIONS-please see attached. The reporting period was from 05/31/2009 through 06/27/2009.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility name/Location if different)

NAME: JUNEAU, CITY AND BOROUGH OF  
ADDRESS: MENDENHALL TREATMENT PLANT  
155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801

FACILITY: MENDENHALL VALLEY SERVICE AREA  
LOCATION: JUNEAU, ALASKA 99801  
ATTN: Denny Kay / Mendenhall WWTF Supervisor

Form Approved  
OMB No. 2040-0004  
Approval Expires 05-31-98

MAJOR (SUB 01)  
F - FINAL  
EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*  
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MONITORING PERIOD			
YR	MO	DAY	TO
2009	6	1	2009
YEAR	MO	DAY	YEAR
2009	6	30	2009

PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	UNITS			
Coliform, fecal - % sample exceeds limit	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0	(23)	Twice Every Week	GRAB
30500 O 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10	%	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	*****	*****	161	#/100ml	Twice Every Week	GRAB
31615 O 0	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	Twice Every Week	GRAB
See Comments	PERMIT REQUIREMENT	*****	*****	****	*****	*****	800	#/100ml	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	Twice Every Week	GRAB
31615 P 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	800	#/100ml	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	*****	*****	800	#/100ml	Twice Every Week	GRAB
31615 Q 0	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	Twice Every Week	GRAB
See Comments	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1200	#/100ml	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	Twice Every Week	GRAB
31615 R 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0	#/100ml	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0	#/100ml	Twice Every Week	GRAB
Floating solids or visible foam-visual	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0	#/100ml	Twice Every Week	GRAB
45613 1 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0	#/100ml	Twice Every Week	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0	#/100ml	Twice Every Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0	#/100ml	Twice Every Week	GRAB
50050 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0	#/100ml	Twice Every Week	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0	#/100ml	Twice Every Week	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0	#/100ml	Twice Every Week	GRAB
Joe Myers	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0	#/100ml	Twice Every Week	GRAB
Wastewater Utilities Superintendent	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0	#/100ml	Twice Every Week	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Denny Kay*  
Denny Kay  
Cord Franklin

907 AREA CODE 586-0393 TELEPHONE  
2009 YEAR 7 MO 9 DAY  
PHONE NUMBER DATE

PERMITTEE NAME/ADDRESS (Include Facility name/Location if different)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

PERMIT NUMBER

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**FACILITY:** MENDENHALL VALLEY SERVICE AREA  
**LOCATION:** JUNEAU, ALASKA 99801  
**ATT:** Denny Kay / Mendenhall WWTF Supervisor

**AK-002295-1**  
PERMIT NUMBER

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DISCHARGE NUMBER

MAJOR (SUB 01)  
F - FINAL  
EFFLUENT  
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OMB No. 2040-0004  
Approval Expires 05-31-98

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2009	6	30	2009

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	VALUE				
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	(26)	*****	N/A	N/A	(28)	0	QUARTERLY	COMP24	
50060 S 0	PERMIT REQUIREMENT	4.09	4.09	lb/d	*****	100	100	ug/l	0	QUARTERLY	COMP24	
See Comments	REQUIREMENT	MO AVG	DAILY MX		*****	MO AVG	DAILY MX					
Dilution factor	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0			
80093 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****				
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****				
BOD,5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****				
81010 K 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****				
Percent Removal	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****				
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****				
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****				
Percent Removal	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****				
Chlorine usage	SAMPLE MEASUREMENT	N/A	*****	(26)	*****	*****	*****	*****				
81400 X 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****				
End of Chlorine Contact Chamber	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****				
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****				
84066 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****				
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****				
Toxicity, Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****				
TT000 1 8	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****				
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Denny Kay*  
in lieu of Denny Kay

907 AREA CODE  
586-0393 TELEPHONE  
2009 YEAR  
7 MO  
09 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
O = <15:1, P = >15:1 and <30:1, R = >30:1 (O,P, and R used Nov 1-May 31 & T Jun 1-Oct 31, Q and S are never used \*no chlorine\*)  
\* Concerning violations- please see attached. The reporting period was from 05/31/2009 through 06/27/2009.  
REPLACES EPA FORM 3207-1 (03-95). Previous editions may be used.  
EPA FORM 3207-1 (03-95)

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FACILITY: MENDENHALL VALLEY SERVICE AREA  
LOCATION: JUNEAU, ALASKA 99801  
ATTN: Denny Kay / Mendenhall WWTF Supervisor

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OMB No. 2040-0004  
Approval Expires 05-31-98

MAJOR (SUB 01)  
F - FINAL EFFLUENT  
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MONITORING PERIOD			
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PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	UNITS			
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****		N/A	N/A	N/A	0	Once Every Week	GRAB
31615 S 9	PERMIT REQUIREMENT	*****	*****		400	200	800		Once Every Week	GRAB
See Comments					4	2	4	(13)		
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	800	400	1200		Once Every Week	GRAB
31615 T 9	PERMIT REQUIREMENT	*****	*****	****	WPLY GEO	MO GEO	DAILY MX	#/100mL		
See Comments										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Joe Myers  
Wastewater Utilities Superintendent

*Joe Myers*  
Signature of Principal Executive Officer

907  
AREA CODE  
586-0393  
TELEPHONE  
7  
DATE  
9  
DAY

TYPED OR PRINTED  
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REPLACES EPA FORM T-40 WHICH MAY NOT BE USED

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY  
Juneau, Alaska

		WEATHER				FLOWS				INFLUENT				EFFLUENT									
DAY	DATE	TEMP °F	RAIN FALL INCHES	SBR INFLUENT MGD	Mend. River CFS	SBR TIT EFFL MGD	Receiving Water Dilution	SBR WASTE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	TEMP °C	pH	D.O. mg/L	TURBID. MAX NTU	S.S. mg/L	S.S. LBS		
SUN	31	50	0.00	2.20	1210	2.20	356.3 /1	0.1758	10.0	7.4						14.0	7.0		8.2				
MON	1	55	0.00	2.13	903	2.13	274.9 /1	0.1261	12.0	7.5	7.7	450	7468	312	5178	14.0	7.0	3.8	9.8	16	266		
TUE	2	59	0.00	2.05	1030	1.99	335.4 /1	0.1433	12.0	7.3						14.0	6.8		9.6				
WED	3	60	0.00	2.01	1170	2.01	377.0 /1	0.1366	13.0	7.3						14.0	6.8						
THU	4	61	0.00	2.01	751	2.01	242.4 /1	0.1433	12.0	7.3		218	3654	327	5482	14.0	6.8					21	
FRI	5	61	0.00	1.92	1540	1.92	519.1 /1	0.1488															35.5
SAT	6	59	0.00	1.87	1780	1.87	615.9 /1	0.1170															
SUN	7	61	0.00	1.88	2020	1.88	695.1 /1	0.1235															
MON	8	58	0.00	1.92	2470	1.92	832.1 /1	0.1236	13.0	7.4						14.0	7.0		8.8				
TUE	9	56	0.00	1.87	2320	1.87	802.5 /1	0.1185	12.0	7.5		208	3244	215	3353	14.0	6.9		9.9	20	311	20	
WED	10	56	0.00	1.88	2370	1.88	815.4 /1	0.1225	12.0	7.0						14.0	6.8		10.9				
THU	11	59	0.00	2.02	2500	2.02	800.5 /1	0.1799	13.0	7.3		252	4245	319	5374	15.0	6.8		10.1	14	23	23	
FRI	12	53	0.07	1.99	2590	1.99	841.8 /1	0.1262	13.0	7.6						15.0	6.8		10.6				
SAT	13	54	0.05	1.92	2520	1.92	848.9 /1	0.1679															
SUN	14	54	0.00	1.93	2220	1.93	744.1 /1	0.1424															
MON	15	52	0.18	2.11	2090	2.10	643.9 /1	0.1229	13.0	7.8						14.0	7.0		11.0				
TUE	16	56	0.79	2.30	2130	2.13	647.0 /1	0.1221	13.0	7.3		214	3802	555	9859	14.0	6.9		9.4	18	32	32	
WED	17	54	0.10	2.29	2130	2.13	647.0 /1	0.1479	14.0	7.1						15.0	6.9		10.1				
THU	18	55	0.03	2.22	1990	2.07	622.0 /1	0.1454	14.0	7.3		227	3919	325	5611	15.0	6.9		9.8	25	43	43	
FRI	19	53	0.03	2.14	1900	2.09	588.3 /1	0.1429	14.0	7.3						15.0	6.9		11.5				
SAT	20	56	0.00	2.09	1900	2.07	593.9 /1	0.1235															
SUN	21	55	0.02	2.06	2090	2.02	669.4 /1	0.1325															
MON	22	52	0.32	2.12	1780	2.03	567.4 /1	0.1365	13.0	7.5						14.0	7.1		8.2				
TUE	23	51	0.42	2.28	2420	2.16	724.8 /1	0.1301	14.0	7.5		188	3387	261	4702	15.0	7.0		9.4	14	25	25	
WED	24	54	0.00	2.22	2300	2.01	740.2 /1	0.1270	13.0	7.3						15.0	6.9		9.4				
THU	25	51	0.00	2.16	2000	2.06	628.2 /1	0.1375	14.0	7.4		212	3642	334	5738	15.0	6.9		10.5	21	36	36	
FRI	26	52	0.05	2.17	1890	2.08	588.0 /1	0.1654	13.0	7.1						15.0	6.9						
SAT	27	53	0.03	2.09	1780	2.05	559.2 /1																
TOTAL			2.09	57.85		56.55		3.7291															
MAXIMUM		61	0.79	2.30	2590	2.20	848.9 /1	0.1799	14.0	7.8	7.7	450	7468	555	9859	15.0	7.1	3.8	11.5	25	43	43	
MINIMUM		50	0.00	1.87	751	1.87	242.4 /1	0.1170	10.0	7.0	7.7	188	3244	215	3353	14.0	6.8	3.8	8.2	14	23	23	
AVERAGE		55	0.1	2.07	1921	2.02	618.6 /1	0.1381	12.9	7.4	7.7	246	4170	331	5662	14.5	6.9	3.8	9.8	19	31	31	

COMMENTS:

\* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

June 2009	
Hrd. mg/l	91
Alk. mg/l	156
D.O. mg/l	3.8
Turb. NTU	11.5
Tox. TU.	5.0

June 2009		
Copper	18.90 ug/L	0.314 LBS
Lead	NO TEST	NO TEST
Silver	NO TEST	NO TEST
Zinc	NO TEST	NO TEST
NH3 mg/L	16	266

WEEK	WEEKLY AVERAGE		
	BOD mg/l	TSS mg/l	TSS lbs
1	17	278	19
2	17	282	17
3	24	421	22
4	19	339	18
AVG	19	330	19
MAX	24	421	22